

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10/089053	FILING DATE
APPLICANT(S)		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1		1		
5		1				
6		1		1		
7		2		1		
8		1		1		
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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31				1		
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49						
50						
TOTAL IND.	1	1	1	1		
TOTAL DEP.	30	←	29	←		
TOTAL CLAIMS	11		76			

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	IND.	DEP.	IND.	U.	IND.
51					
52					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					